

Date Application Received: _____

Total Paid: _____

Application for Change of Zoning District City of Harrisonburg, Virginia

Section 1: Property Owner's Information

Name: _____

Street Address: _____ Email: _____

City/State/Zip: _____

Telephone (work): _____ (home or cellular): _____ (fax): _____

Section 2: Owner's Representative Information

Name: _____

Street Address: _____ Email: _____

City/State/Zip: _____

Telephone (work): _____ (home or cellular): _____ (fax): _____

Section 3: Description of Property

Location (street address): _____

Tax Map Number: Sheet: _____ Block: _____ Lot: _____ Total Land Area (acres or square feet): _____

Existing Zoning District: _____ Proposed Zoning District * : _____

Existing Comprehensive Plan Designation: _____

**If applying for conditional rezoning, provide a letter stating proffers on separate sheet of paper*

Section 4: Application Fee

\$325.00 plus \$25.00 per acre, and if applicable, Fees for a Traffic Impact Analysis (TIA) Review (see below)

- (a). Would the development from this rezoning require a Traffic Impact Analysis by VDOT?
Yes _____ No _____

If yes, then fees must be made payable to VDOT to cover costs associated with the TIA review.

PLEASE NOTE – If a TIA is required, this application shall not be considered accepted until the TIA has been reviewed.

- (b). Would the development from this rezoning require a Traffic Impact Analysis review by the City?
Yes _____ No _____

If yes, then an additional \$1,000.00 must be made payable to the City to cover costs associated with the TIA review.

PLEASE NOTE – If a TIA is required, this application shall not be considered accepted until the TIA has been reviewed.

Section 5: Names and Addresses of Adjacent Property Owners (Use separate sheet for additional names)

North: _____

East: _____

South: _____

West: _____

Section 6: Certification

I certify that the information contained herein is true and accurate. Signature: _____

Property Owner

See Back for Items Required for Submission

ITEMS REQUIRED FOR SUBMISSION

<input type="checkbox"/>	Completed Application	<input type="checkbox"/>	Fees Paid
<input type="checkbox"/>	Survey of Property	<input type="checkbox"/>	Source Deed
<input type="checkbox"/>	Description of Proposed Use	<input type="checkbox"/>	Proffers (if applicable)
<input type="checkbox"/>	Adjacent Property Owners	<input type="checkbox"/>	_____